



LAB DIP

Submittal for Approval

Quality <input type="checkbox"/>	<input type="checkbox"/>	APP	<input type="checkbox"/>	NORM
Trim <input type="checkbox"/>	<input type="checkbox"/>	BLAIR	<input type="checkbox"/>	OPT
Lining <input type="checkbox"/>	<input type="checkbox"/>	BF	<input type="checkbox"/>	SAHALIE
<input type="checkbox"/>	<input type="checkbox"/>	DND	<input type="checkbox"/>	TOG
<input type="checkbox"/>	<input type="checkbox"/>	HABAND	<input type="checkbox"/>	WINTERSILKS

Date:		Season:	
Attention to:		Office/Agent:	
Collection / Item Desc.:		Fabric Quality:	
Item / Style #:		Assigned FDF #:	
Vendor:		Content:	
Fabric Mill:		Color Name:	
Fabric Ref #:		Pantone #:	
Submission:	circle 1st 2nd 3rd	Office/Agent Preview Comment:	
Approval:	Date: By:		
<i>(For internal)</i>	Submit #:		

Submit: _____

Attach Here
Swatch must be at least 2"X 2"

Submit: _____

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Submit: _____

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Submit: _____

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